## PART B - FEE(S) TRANSMITTAL

| \ <del>\</del>  |  |   |  | P.O. Box 1450 Alexandria, Virginia 22313-1450 x (571)-273-2885  |  |  |  |
|---|--|---|--|---|--|--|--|
| INSTRUCTIONS: This for appropriate. All further corridated unless corrected in maintenance fee notification   | m should be seed for tran<br>respondence including the | Patent, advance of<br>in Block I, by (a | JE FEE and PUBLI<br>rders and notification<br>a) specifying a new  | CATION FEE (if required of maintenance fees correspondence address  | uired). Blocks 1 through 5 s<br>will be mailed to the current<br>s; and/or (b) indicating a sepa | hould be completed where correspondence address as arate "FEE ADDRESS" for |  |
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  |  |   |  | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. |  |  |  |
| OLSON & HIERI<br>36th Floor<br>20 North Wacker D<br>Chicago, IL 60606   |  |   | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.  (Depositor's name) (Signature) |   |  |  |  |
| <b></b>   |  |   |  |   |  |  |  |
|   |  |   |  |   | <del></del>  | (Date)   |  |
| APPLICATION NO. FILING DATE   |  |   | FIRST NAMED INVENTOR   |   | ATTORNEY DOCKET NO.  | CONFIRMATION NO.   |  |
| 10/078,757 02/19/2002 Carlos F. Barbas III TSRI 598.0 CON.1 7970 TITLE OF INVENTION: HUMANIZATION OF MURINE ANTIBODY  |  |   |  |   |  |  |  |
| APPLN. TYPE   | SMALL ENTITY   | ISSUE F                                 | EE P   | UBLICATION FEE  | TOTAL FEE(S) DUE   | DATE DUE   |  |
| nonprovisional  | NO   | \$1400                                  | )  | \$300   | \$1700   | 05/24/2006   |  |
| EXAMINER  |  | ART UN                                  | пт с   | LASS-SUBCLASS   | ]  |  |  |
| CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47: Rev 03-02 or more recent) attached. Use of a Customer 2 registerec.  |  |   |  | 435-006000  ting on the patent front page, list nes of up to 3 registered patent attorneys DR, alternatively, ne of a single firm (having as a member a attorney or agent) and the names of up to d patent attorneys or agents. If no name is ame will be printed.                            |  |  |  |
| Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  The Scripps Research Institute  La Jolla, California  |  |   |  |   |  |  |  |
| Please check the appropriate assignee category or categories (will not be printed on the patent):   |  |   |  |   |  |  |  |
| 4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayn Deposit Account Number  |  |   |  |   |  | lit any overpayment, to<br>a copy of this form).                           |  |
| 5. Change in Entity Status (  | from status indicated above IALL ENTITY status. See    | •                                       | Dh Applicant is n  | o longer eleiming SMA   | LL ENTITY status. See 37 CF  | TP 1 27(a)(2)  |  |
|   |  |   |  |   | y paid issue fee to the applicat<br>istered attorney or agent; or the                            |  |  |
| Authorized Signature  | a livald   | ( 8/LW)                                 | 2/   |   | May 23, 2006   |  |  |
| Typed or printed name Talivaldis Cepuritis  |  |   |  | Registration No. 20,818   |  |  |  |
| This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22315-1450.  Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. |  |   |  |   |  |  |  |

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> **TRADEMARKS** & RELATED MATTERS

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May 23, 2006

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> Patent Appln. of: Carlos F. Barbas III et al. Re:

**Application No. 10/078,757** Filing Date: 02/19/2002

Dear Sir:

DENNIS H. MA

MARK R. BAGLEY

BRUCE R. MANSFIELD

Transmitted herewith are the Issue and Publication Fees for the above-identified patent application together with Patent Office Form No. PTOL-85. The Total Fees being transmitted amount to \$1,700.00.

Please charge any additional fees concerning this matter to our Deposit Account No. 15-0508.

Very truly yours,

OLSON & HIERL, LTD.

Talivaldis Cepuritis (Reg. No.

TC:psz **Enclosures**